health surveillance data, race and ethnicity are collected in a variety of methods, including direct interview, interviewer's observation, and reporting by health providers. For deaths, reporting may be based on observation by funeral directors or information from surviving family members or other informants. Although numbers obtained through self-identification and enumerator observation for White and African American populations generally agree, there are substantial differences for the smaller minority groups. The results based on the birth certificate and infant mortality data may be more reliable since race in both the numerator and denominator of the measures are normally self-reported by the mother at the time of delivery.

We hope that the information presented in this report will inform North Carolina citizens about racial and ethnic disparities in health, and assist in the formulation of policies and programs in North Carolina to reduce these disparities.

Contact for questions or further information:
Paul Buescher
Center for Health Informatics and Statistics
(919) 715-4478
paul.buescher@ncmail.net

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